

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
00000001

2 PAGE #
1 of 12

**3 CANDIDATE /
OFFICEHOLDER
NAME**

MS / MRS / MR

Mr.

FIRST

Amadeo

MI

NICKNAME

LAST

Ortiz

SUFFIX

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS**

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

 1443 W. Elsmere
San Antonio, TX 78201
☐

Change of Address

**5 CAMPAIGN
TREASURER
NAME**

MS / MRS / MR

Mr.

FIRST

Robert

MI

NICKNAME

LAST

Lott

SUFFIX

**6 CAMPAIGN
TREASURER
ADDRESS**

(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

 5045 Ayrshire Dr
San Antonio, TX 78217

**7 CAMPAIGN
TREASURER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(210) 414-9966

8 REPORT TYPE☐

January 15

☒

30th day before election

☐

Runoff

☐

15th day after campaign treasurer appointment (officeholder only)

☐

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

**9 PERIOD
COVERED**

Month

Day

Year

THROUGH

Month

Day

Year

01/01/2008

01/24/2008

10 ELECTION

ELECTION DATE

Month

Day

Year

03/04/2008

ELECTION TYPE

☒

Primary

☐

Runoff

☐

General

☐

Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)
**13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS**

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address/PO Box;

Apt. / Suite #;

City;

State;

Zip Code

☐

additional pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****14 C/OH NAME** Ortiz, Amadeo (Mr.)**15 ACCOUNT #** (Ethics Commission filers)
00000001**16 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE**COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME**☐ additional pages**COMMITTEE CAMPAIGN TREASURER ADDRESS****17 CONTRIBUTION
TOTALS**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

6,034.79

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

41.97

4. TOTAL POLITICAL EXPENDITURES

\$

8,649.36

**CONTRIBUTION
BALANCE**5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

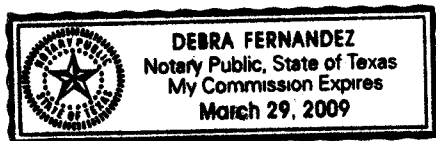
\$

14,937.69

**OUTSTANDING
LOAN TOTALS**6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

3,000.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Amadeo Ortiz, this the 28 day of January, 2008, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/3 Report: 3/12	
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/08/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barabasz, Brian 6 Contributor address; City; State; Zip Code 21411 Encino Caliza San Antonio, TX 78254	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deputy Sheriffs Association of Bex Co PAC Contributor address; City; State; Zip Code 816 Camaron #214 San Antonio, TX 78212	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/16/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deputy Sheriffs Association of Bex Co PAC Contributor address; City; State; Zip Code 816 Camaron #214 San Antonio, TX 78212	Amount of contribution (\$) \$469.69	In-kind contribution description (if applicable) F & B Fundraiser (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/16/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deputy Sheriffs Association of Bex Co PAC Contributor address; City; State; Zip Code 816 Camaron #214 San Antonio, TX 78212	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deputy Sheriffs Association of Bex Co PAC Contributor address; City; State; Zip Code 816 Camaron #214 San Antonio, TX 78212	Amount of contribution (\$) \$612.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/3 Report: 4/12	
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/11/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dimas, Gilbert 6 Contributor address; City; State; Zip Code 531 Guadalupe St San Antonio, TX 78207	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/02/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gleinser, Darlene Contributor address; City; State; Zip Code 13202 Creek Mist San Antonio, TX 78230	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/02/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Salazar, Jose Contributor address; City; State; Zip Code 20750 Hwy 281 North San Antonio, TX 78259	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Salazar, Jose Contributor address; City; State; Zip Code 20750 Hwy 281 North San Antonio, TX 78259	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Salazar, Jose Contributor address; City; State; Zip Code 20750 Hwy 281 North San Antonio, TX 78259	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/3 Report: 5/12

2 FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

4 Date

01/08/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
San Antonio Produce Market**6** Contributor address; City; State; Zip Code
1500 S. Zarzamora
San Antonio, TX 78207**7** Amount of
contribution (\$)

\$353.10

8 In-kind contribution
description (if applicable)
Campaign office space
rental for January 2008(If travel outside of Texas, complete Schedule T) ☐**9** Principal occupation / Job title (See Instructions)**10** Employer (See Instructions)

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/7 Report: 6/12
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 01/01/2008	5 Payee name AT & T Telephone 6 Payee address; City; State; Zip Code P.O. Box 930170 Dallas, TX 75393-0170	7 Amount (\$) \$124.54
8 Purpose of payment (See instructions regarding type of information required.) Office telephone & Internet (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/01/2008	Payee name Chacho's Restaurant Payee address; City; State; Zip Code 8614 Perrin Beitel San Antonio, TX 78217	Amount (\$) \$12.68
Purpose of payment (See instructions regarding type of information required.) F&B Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/12/2008	Payee name Don Pedro Restaurant Payee address; City; State; Zip Code 1526 S. W. Military San Antonio, TX 78221	Amount (\$) \$131.85
Purpose of payment (See instructions regarding type of information required.) F & B for volunteer block walkers (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/17/2008	Payee name Easy Drive Payee address; City; State; Zip Code 906 Ruiz St. San Antonio, TX 78207	Amount (\$) \$383.84
Purpose of payment (See instructions regarding type of information required.) Campaign Marketing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/7 Report: 7/12**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date**5** Payee name
Farias, Henry**7** Amount
(\$)

01/17/2008

6 Payee address; City; State; Zip Code
110 San Salvador
San Antonio, TX 78210-2528

\$530.00

8 Purpose of payment (See instructions regarding type of information required.)
contract labor**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name
Fatso's Sports GardenAmount
(\$)

01/11/2008

Payee address; City; State; Zip Code
1704 Bandera Rd.
San Antonio, TX 78228

\$16.00

Purpose of payment (See instructions regarding type of information required.)
F & B Meeting**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name
HEB GroceryAmount
(\$)

01/18/2008

Payee address; City; State; Zip Code
2118 Fredericksburg Rd
San Antonio, TX 78201

\$38.78

Purpose of payment (See instructions regarding type of information required.)
F&B Meet & Greet**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date

Payee name
Ideas UnlimitedAmount
(\$)

01/02/2008

Payee address; City; State; Zip Code
5213 Bandera Rd
San Antonio, TX 78238

\$1,434.60

Purpose of payment (See instructions regarding type of information required.)
Campaign Signs**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/7 Report: 8/12**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

01/23/2008

5 Payee name
Ideas Unlimited**6** Payee address; City; State; Zip Code5213 Bandera Rd
San Antonio, TX 78238**7** Amount
(\$)

\$1,434.80

8 Purpose of payment (See instructions regarding type of information required.)

Campaign Signs

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

01/15/2008

Payee name
Jim's Restaurant #3

Payee address; City; State; Zip Code

3319 Hillcrest
San Antonio, TX 78201Amount
(\$)

\$25.59

Purpose of payment (See instructions regarding type of information required.)

F&B - Bus. Meeting

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

01/03/2008

Payee name
JJL Design

Payee address; City; State; Zip Code

246 Continental
San Antonio, TX 78228Amount
(\$)

\$434.94

Purpose of payment (See instructions regarding type of information required.)

Campaign Web Design Maintenance

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

01/08/2008

Payee name
La Prensa

Payee address; City; State; Zip Code

P.O. Box 830768
San Antonio, TX 78283Amount
(\$)

\$765.00

Purpose of payment (See instructions regarding type of information required.)

Newspaper advertising

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/7 Report: 9/12**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

01/07/2008

5 Payee name
Little Red Barn**6** Payee address; City; State; Zip Code
1836 S. Hackberry
San Antonio, TX 78210**7** Amount
(\$)

\$25.30

8 Purpose of payment (See instructions regarding type of information required.)

F & B Meeting for Fundraiser

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

01/04/2008

Payee name
Lott, RobertPayee address; City; State; Zip Code
5045 Ayrshire Dr
San Antonio, TX 78217-6437Amount
(\$)

\$73.73

Purpose of payment (See instructions regarding type of information required.)

Reimbursement for office supplies

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

01/02/2008

Payee name
Office Depot #346Payee address; City; State; Zip Code
3713 Colony Dr.
San Antonio, TX 78230Amount
(\$)

\$50.03

Purpose of payment (See instructions regarding type of information required.)

Office Supplies

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

01/19/2008

Payee name
Perez, JosephPayee address; City; State; Zip Code
506 Rayburn
San Antonio, TX 78221Amount
(\$)

\$133.06

Purpose of payment (See instructions regarding type of information required.)

Reimburse expense for sodas & water

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 5/7 Report: 10/12

2 FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000001**4** Date

01/08/2008

5 Payee name

Pico De Gallo Rest.

7 Amount
(\$)

\$31.40

6 Payee address; City; State; Zip Code115 S. Leona
San Antonio, TX 78205**8** Purpose of payment (See instructions regarding type of information required.)

F & B Meeting

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

01/09/2008

Payee name

San Antonio Observer News Paper

Amount
(\$)

\$525.00

Payee address; City; State; Zip Code

P.O. Box 200226
San Antonio, TX 78220

Purpose of payment (See instructions regarding type of information required.)

Campaign Marketing

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

01/11/2008

Payee name

San Antonio Sunrise Rotary Club

Amount
(\$)

\$20.00

Payee address; City; State; Zip Code

P.O. Box 701913
San Antonio, TX 78270

Purpose of payment (See instructions regarding type of information required.)

F & B Meeting

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

01/19/2008

Payee name

Silver Eagle

Amount
(\$)

\$596.75

Payee address; City; State; Zip Code

4609 Hwy. 90 West
San Antonio, TX 78294

Purpose of payment (See instructions regarding type of information required.)

Beverages

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/7 Report: 11/12	
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/17/2008	5 Payee name Texas Alcohol Beverage Commission 6 Payee address; City; State; Zip Code 4203 Woodcock San Antonio, TX 78228	7 Amount (\$) \$201.00	
8 Purpose of payment (See instructions regarding type of information required.) Temporary Beer License - fundraiser 01/20/08 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 01/07/2008	Payee name Tomatillos Cafe Payee address; City; State; Zip Code 3210 Broadway San Antonio, TX 78209	Amount (\$) \$70.03	
Purpose of payment (See instructions regarding type of information required.) F & B Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 01/24/2008	Payee name Unidas, Mujeres Payee address; City; State; Zip Code 307 E. Evergreen St. San Antonio, TX 78212	Amount (\$) \$40.00	
Purpose of payment (See instructions regarding type of information required.) contribution to others (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 01/05/2008	Payee name Wal-Mart #5145 Payee address; City; State; Zip Code 1603 Vance Jackson San Antonio, TX 78213	Amount (\$) \$61.02	
Purpose of payment (See instructions regarding type of information required.) Refreshments for Block walkers Jan 5 & 6, 2008 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 7/7 Report: 12/12

2 FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

4 Date

01/10/2008

5 Payee name

Wal-Mart #5145

7

Amount

(\$)

\$47.45

6 Payee address; City; State; Zip Code1603 Vance Jackson
San Antonio, TX 78213**8** Purpose of payment (See instructions regarding type of information required.)

Refreshments for Block walkers Jan 5 & 6, 2008 ; Office telephone

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

01/22/2008

Payee name

Westside Sol

Amount

(\$)

\$1,400.00

Payee address; City; State; Zip Code

1410 Guadalupe St. #113
San Antonio, TX 78207

Purpose of payment (See instructions regarding type of information required.)

Campaign Marketing

(If travel outside of Texas, complete Schedule T) ☐**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held: